

# EXHIBIT 32

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Gloria Diaz Lopez  
Participant's Address: Ave Bolivia 299 Ciudad Cristiana  
Participant's Email Address: Humacao P.R. 00791  
Name of Counsel: Gloria Diaz Lopez  
Address of Counsel: Angel M. Viquecarrondo Thomas  
Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: Gloria Diaz Lopez  
Nature of Claim: Angel M. Viquecarrondo Thomas

By: Gloria Diaz Lopez  
Signature

Angel M. Viquecarrondo Thomas  
Print Name

\_\_\_\_\_  
Title (if Participant is not an individual)

\_\_\_\_\_  
Date

RECEIVED  
AUG 12 2021  
PRIME CLERK LLC

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Participant must provide all of the information below in **English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Gloria Diaz Lopez

Participant's Address:

Ave Bolivia 299 Ciudad Cristiana

Participant's Email Address:

Humacao P.R. 00791

Name of Counsel:

Gloria Diaz Lopez

Address of Counsel:

Angel M. Vizcarrondo Thomas

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Gloria Diaz Lopez

Nature of Claim:

Angel M. Vizcarrondo Thomas

By:

Gloria Diaz Lopez

Signature

Angel M. Vizcarrondo Thomas

Print Name

Title (if Participant is not an individual)

Agosto 8/2021

Date

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1. Participant's contact information, including email address, and that of its counsel, if any:

PR19455RF44221 PackID mmlid 2164644250C DN13702

Participant's Name:

Gloria Diaz Lopez

Participant's Address:

Ave Bolivia 299 Ciudad Cristiana

Participant's Email Address:

Humacao P.R. 00791

Name of Counsel:

Angel M. Vizcarrondo Thomas

Address of Counsel:

Unib. Santa Evira - F10 Calle Santa Ana

Email Address of Counsel:

Caguas P.R. 00725

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Gloria Diaz Lopez

Nature of Claim:

Angel M. Vizcarrondo Thomas

By:

Gloria Diaz Lopez

Signature

Angel M. Vizcarrondo Thomas

Print Name

Title (if Participant is not an individual)

agosto 8/2021

Date

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Gloria Diaz Lopez  
Ave. Bolivia 299 Ciudad Cristiana  
Humacao P.R. 00791

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RECEIVED

AUG 12 2021

PRIME CLERK LLC

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Grand Central station  
P.O Box 4850  
New York NY 10163-4850

10163-485050

